



Minnesota Board of Barber Examiners

University Park Plaza Building

2829 University Avenue South East, Suite 425

Minneapolis, MN 55414

Office telephone: 651-201-2820 Office Fax: 612-617-2248

Office e-mail: bbe.board@state.mn.us Board Website: www.barbers.state.mn.us

Emergency Teacher Permit Application Form

Application Requirements: The following items must be included with the application to complete the registration process:

- | | |
|---|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Applicant must be a current registered barber |
| <input type="checkbox"/> Application fee: \$80.00 | <input type="checkbox"/> School section complete including description of emergency event. |

The data provided by you on this application will be used by the Minnesota Board of Barber Examiner's to determine eligibility. You are not legally obligated to provide this information however; failure to complete the application process may result in delayed processing or denial of your application.

Disclosure of your Social Security number is required by Minnesota Statute 270C.72 and it may be requested by and released to the MN Commissioner of revenue. Your Social Security number may be used for Revenue Recapture as authorized by Minnesota Statute 270A. Upon issuance of registration, all information provided in the application process, with the exception of your Social Security number will become public information pursuant to Minnesota Statute Chapter 13.

Pursuant to Minnesota Statutes 604.113 and 609.535, the Minnesota Board of Barber Examiner's is authorized to charge a service fee of \$30.00 for any check that is returned for nonpayment.

APPLICANT INFORMATION

Contact Information – Public Data

Last Name	First Name	Middle Initial	
Address		Telephone Number	
City	State	Zip Code	County
Date of Birth (required)	Social Security Number (required)	E-mail address (optional)	
Registered Barber Signature and License/Registration Number:			
School Requesting Emergency Teacher:			

This document is available in alternative formats to individuals with disabilities by calling 651-201-2820 or through the Minnesota Relay Service at 1-800-627-3529.

An Affirmative Action/Equal Opportunity Employer

SCHOOL INFORMATION

Name of Barber School to Employ Applicant	Start Date: End Date: Maximum of 30 days allowed, permit is not renewable
Address of Barber School	School Contact Person Regarding Application
City, State and Zip Code	School Phone:
Reason for Emergency Teacher:	

CERTIFICATION OF APPLICANT

I certify that the information included within this Application is true and correct.

Signature of Applicant

Date

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Seal

Notary Public

County: _____

My Commission Expires: _____

CERTIFICATION OF SCHOOL REPRESENTATIVE

I certify that the information included within this Application is true and correct.

Signature of School Representative

Date

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Seal

Notary Public

County: _____

My Commission Expires: _____